

Please return to:

DEDCOM DRINGING COMPLAINT

Florida Department of State Division of Elections R.A. Gray Building 500 S. Bronough Street Tallahassee, Florida 32399-0250 Office Use Only

Once This Complaint Is Filed With The Division Of Elections, It Becomes A Public Record And Is Available To The Public And Media Upon Request Unless A Specific Statutory Exemption Applies.

FORM FOR COMPLAINT AGAINST THIRD-PARTY VOTER REGISTRATION ORGANIZATION

You will receive a written response from the Division of Elections at the end of its investigation. The Division may report its findings to the Office of Statewide Prosecution or to the State Attorney for the applicable judicial circuit if probable cause is found that a criminal violation also occurred.

TERSON DRINGING COMPLAINT		
Name	Day Phone _	Evening Phone
(First) (Middle or Initial) (Last)		
Address	City	
County	State	Zip Code
E-mail Address (optional)		
THIRD-PARTY VOTER REGISTRATION ORGAN WHOM COMPLAINT IS BROUGHT) (limit one pe		
Name		Phone
Address		City
County	State	Zip Code
STATEMENT OF FACTS AND CIRCUMSTANCES the following questions to the best of your		R ALLEGED VIOLATION. Please respond to
1. To whom did you speak (include names of persons organization?	s or at a minimur	n the name of the third-party voter registration
2. From whom and where did you receive your votes and/or event)?	r registration app	plication (date and location including address
		· · · · · · · · · · · · · · · · · · ·

FORM FOR COMPLAINT AGAINST THIRD-PARTY VOTER REGISTRATION ORGANIZATION - PAGE 2

3. When did you sign your voter registration application	ion?
4. To whom did you submit your voter registration ap	pplication?
5. How did you submit your voter registration applica	ation (by hand-delivery, by mail, etc.)
6. When did you submit your voter registration applie	cation (include time and date)?
7. How and when did you check on your voter registration rolls?	ration status and determine that your name did not appear on the
8. Please include other relevant details (The more specassist you. Attach additional pages as necessary.)	cific information that you provide to us, the better we are able to
	s provided in s. 775.082 and s. 775.083, Florida Statutes, for any e official statement. (s. 837.06, Florida Statutes)
Check here is additional pages or documents are attached.	
Si	ignature of complainant Date Signed
Pı	rint or type name of complainant